

Community Behavior and Response in Educating The Implementation of Health Protocols In Public Places During The New Normal Period

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Abstract

The community has an important role in breaking the chain of transmission of COVID-19 so as not to cause new sources of transmission/clusters in places where the movement of people, the interaction between humans, and large gatherings of people occurs. The community must be able to carry out activities again in the COVID-19 pandemic situation by adapting to new habits that are healthier, cleaner, and more obedient, which are implemented by all components in the community and empower all existing resources. The community's role in breaking the chain of transmission of COVID-19 (the risk of contracting and transmitting it) must be done by implementing health protocols. To provide an overview of the behavior and response of the community to implement health protocols by the Covid-19 Education Team in public places during the New Normal era in the city of Dumai. This study is research with a qualitative approach. The data used in this study is to use observation which sees and directly observes people's behavior in the field and also takes some data online due to situations that require social distancing. This research was carried out in several public places, including the task stations of the Dumai City Covid-19 Education Team, which began in June-July 2020. The research subjects were the sources of data observed by the research problem. In general, the behavior and response of the community to the implementation of health protocols during the New Normal period in public places by the Covid-19 Education Team could have been better. Moreover, several factors cause this, namely education, knowledge, and the community's economy. As well as developing issues, public confidence decreases about the dangers of the Covid-19 virus. The educational activities provided will only be meaningful if there is compliance and mutual community support.

Keyword: Community Behavior, Covid-19, Health Protocol, New Normal

INTRODUCTION

The COVID-19 pandemic is currently the biggest challenge to health systems worldwide (Bi et al., 2020); (Udmale et al., 2020) . The rapid increase in the need for care for people with COVID-19 is further compounded by fear, misinformation, and restrictions on the movement of people and supplies that disrupt frontline healthcare delivery for all (Sulis, 2016). Coronaviruses are unsegmented, single-stranded positive-sense RNA viruses. Coronaviruses are part of the order Nido virals, family Coronaviridae, and sub-family Orthocoronavirinae, which are divided into groups (genera) α, β, γ, and δ according to their

serotypes and genomic characteristics(WHO, 2020). Coronavirus belongs to the genus Coronavirus of the family Coronaviridae. It is named after the ribbon protrusion on the virus envelope (Sidik et al., 2021).

The new coronavirus pneumonia (COVID-19) was originally discovered in Wuhan, China, and has since spread across China and beyond (Ajeng, 2020). The number of confirmed cases of COVID-19 greatly exceeds that of SARS in 2003, and the fatality rate is unparalleled (Anas, Rahmad, 2018). On January 31, 2020, in recognition of its "human-to-human" transmissibility, the World Health Organization (WHO) declared it an International Public Health Emergency. These details adequately demonstrate the intensity and intricacy of this epidemic (World Health Organization, 2021)

Data Worldometers data shows that 18,945,564 people are infected with the coronavirus worldwide. Of that number, 709,872 people died, and 12,137,454 people have been cured. The following are some updates about the coronavirus as of August 6, 2020. America United States: 4,970,838 cases, 161,550 deaths, and 2,527,200 people recovered. Brazil: 2,862,761 cases, 97,418 deaths, and 2,020,637 recoveries. India: 1,963,239 cases, 40,739 deaths, and 1,327,200 recoveries. Russia: 866,630 cases, 14,490 deaths, and 669,030 recoveries. South Africa: 529,880 cases, 9,298 deaths, and 377,270 recoveries. Mexico: 449,960 cases, 48,869 deaths, and 300,250 recoveries. Peru: 439,890 cases, 20,007 people died, and 302,460 people recovered. Chile: 364,720 cases, 9,792 deaths, and 338,290 recoveries. Spain: 352,850 cases, 28,499 people died. Colombia: 345,710 cases, 11,624 deaths, and 186,320 recoveries (Susilo et al., 2020).

In Indonesia, COVID-19 cases did not diminish either. Information The most recent information regarding the Indonesian government's handling of COVID-19 indicates an increase of 2,473 new positive cases (Santoso et al., 2021). As of today, Friday, July 8, the total number of confirmed positive cases has reached 121,226. The number of recovered cases rose by 1,912 people. The total amount of recovered cases is 77,577. The death rate rose by 72 individuals. The total number of fatalities now stands at 5,593 individuals. According to Covid-19 monitoring data, there were 656 confirmed cases in Riau Province. Three hundred sixty-nine cases have been recovered to date, and 13 people have died. Moreover, as of the most recent data update on Saturday, August 8, 2020, according to Covid-19 monitoring data for Dumai Regency / City, there are 37 confirmed cases, two people receiving hospital treatment, 35 people who have recovered, and no deaths.

On the east coast of Sumatra, facing the Strait of Malacca lies the city of Dumai. The

Strait of Malacca is one of the busiest maritime routes and an area of the Malacca Strait. Hinterland inside the Indonesia-Malaysia-Singapore and Indonesia-Malaysia-Thailand growth triangles (IMT-GT). Indonesia-Malaysia- Thailand (IMT-GT) triangle. Based on Law No. 22 of 1999, Dumai, once the municipality of Dumai, was renamed D u m an I City due to Indonesia's fast expansion, development, and political changes. In addition, April 27, 1999, was designated as Dumai City's birthday. Regional Regulation (Perda) No. 8 of 2009 established Dumai City with seven (7) subdistricts and thirty-three (33) settlements. The Dumai area is between 1010.23",37', and 1010.8",13' of east longitude and 10.23",23' and 10.24",23' of north latitude. Based on its geographical location, Dumai's time zone is UTC+7. The area of Dumai is 1,727,385 km^2. When health systems are overburdened and individuals cannot get necessary care, direct and indirect mortality from avoidable and curable illnesses rise (Rahman et al., 2021).

To ensure that COVID-19 and other critical public health concerns are handled while reducing dangers to health professionals and communities, decision-makers must make difficult decisions (Sagala & Paujiah, 2021);(Ashar, 2020) . According to the Astana Global Conference on Primary Health Care, the community level is an important platform for primary health care, crucial for the delivery of critical public health services and functions, as well as for the involvement and empowerment of individuals regarding their health (Putri et al., 2021); (Hayati, 2022).

Since there is no effective treatment for viral infectious illnesses, preventative methods, including regulating transmission sources, early patient discovery, reducing transmission, and safeguarding vulnerable groups, are of the utmost importance (Karo, 2012); (Nurhayati, 2022). Even though institutions and medical personnel are the primary forces against the illness, rapid community engagement is essential for epidemic management (Juditha, 2020). Therefore, the Dumai City Covid-19 Handling Task Force established a Covid-19 Education Team under the direction of the Health Office and the supervision of Local Law Enforcement (Rosidin et al., 2020). The creation of this team is intended to distribute pertinent information about Covid-19 and to enforce health guidelines in Dumai City throughout the New Normal era.

Communities have a crucial role in breaking the chain of transmission of COVID-19 to avoid developing new sources of transmission/clusters in locations where there is human activity, human contact, and mass gatherings (Darafunna et al., 2022). Communities must be able to restart operations during a COVID-19 pandemic by adopting new, healthier, cleaner,

and more obedient practices that are carried out by all community components and using all available resources (Adi, 2020). By applying health procedures, the community should be able to break the chain of transmission of COVID-19 (the risk of contracting and transmitting). Based on the above information, the researcher wishes to determine how the community's behavior and reaction to the application of health protocols by covid-19 education team officers in public areas during the New Normal era in the city of Dumai are described.

METHODS

This inquiry is a qualitative investigation. A qualitative approach refers to a study that aims to comprehend the phenomena of what the research subject experiences holistically and via descriptions in the form of words and language in a specific natural setting and by using different scientific procedures (Moloeng, 2007: 6). Watching and personally observing the behavior of the community in the field, as well as collecting secondary data, is how the data for this study were collected. Online owing to circumstances requiring social distance.

This study was done at several public locations that became the duty post of the Covid-19 Education Team in Dumai City beginning in June-July of 2020. People who are engaged in public locations such as marketplaces, tourist attractions, and retail malls/malls in the Dumai region are the study's subject. Observation data will be examined using a qualitative descriptive survey approach. Data are arranged, sorted, organized, classified, categorized, and sorted as part of data analysis. Data, grouping, assigning codes, classifying them, determining what is significant and what will be investigated, and drawing results that may be shared with others.

RESULTS

According to Presidential Decree No. 12 of 2020, the Indonesian government has labeled covid-19 a national calamity (non-natural disaster). The World Health Organization has identified covid-19 as a worldwide pandemic. To aid in preventing the development and transmission of covid- 19 in Indonesia, the government has

implemented a strategy known as New Habit Adaptation, formerly known as the "New Normal." Due to the public's misunderstanding of the word "normal" as a descriptor of life before Covid-19, the phrase New Normal was subsequently altered. In reality, the term New Normal is to acquaint a new behavior that has emerged throughout the epidemic. For instance, leaving home while wearing a mask, keeping a safe distance, and washing hands with soap. The phrase New Normal has likely been used for quite some time to describe the phenomena of a global transformation. LaBarre, in 2003 examined Roger McNamee's perspective that the New Normal would always arise throughout human existence. Therefore, people must continue learning and adapting to create suitable answers to the changing pressures. McNamee stated that the idea of "normal" from the New Normal is tied to the time scale, where people will learn appropriate behavior to improve life in the long term.

Regardless of the definition and etymology of the phrase New Normal, it is certain that we are engaging in activities that we were not used to prior to the COVID-19 period. Our current conduct is a short-term adaptive reaction to the COVID-19 epidemic and a longer-term adaptive response. As an emergency reaction to the COVID-19 epidemic, most of the government's New Normal idea consists of short-term behavioral adjustments.

Also, based on KMK RI NO.HK.01.07 / MENKES / 382/2020, it is the New Normal or Adaptation of New Habits itself. To protect persons against COVID-19 transmission that may occur through droplets and then infect humans by the entrance of SARS-CoV-2-infected droplets into the body via the nose, mouth, and eyes. The notion of stopping the transmission of COVID-19 to humans is carried out by inhibiting the virus's entry via these three entry points using measures such as:

a. Use personal protection equipment, such as a mask that covers the nose, mouth, and chin, if you must leave your home or deal with persons whose health condition is unclear (who may be able to transmit COVID-19). If utilizing a fabric mask, a three-layer cloth mask is recommended.
b. Regularly wash hands with soap under running water or use hand sanitizers containing alcohol. Avoid contacting your eyes, nose, or mouth with filthy hands at all times (which may be contaminated with the virus-containing droplets).
c. Maintain a distance of at least 1 meter from others to prevent exposure to droplets from individuals who speak, cough, or sneeze and avoid crowds, crowds, and crowding.

d. Implement Clean and Healthy Living Behavior (CHLB) such as balanced eating, physical exercise for at least 30 minutes each day, and appropriate rest (at least 7 hours) while avoiding illness risk factors to increase endurance. A balanced diet, at least 30 minutes of daily physical exercise, proper rest (at least 7 hours), and avoiding disease risk factors.

The substance of community health protocols must address critical points in the transmission of COVID-19, such as the type and characteristics of activities/activities, the magnitude of activities, the location of activities (outdoor/indoor), the duration of activities, the number of people involved, and vulnerable groups such as pregnant women, toddlers, children, the elderly, and patients with comorbidities. The execution of health protocols must involve the participation of relevant parties, such as the authorities responsible for control and oversight.

Health Protocol EnforcementActivities through Health Promotion and Education in PublicPlaces

People engage in social activities and activities that meet their basic requirements in public spaces and amenities. The risk of COVID-19 transmission associated with the mobility of persons and the assembly of people in public places and facilities is relatively high. For the economy to continue functioning, it is important to limit the effects of the COVID-19 epidemic, particularly in public spaces and buildings. To live successfully and prevent the spread of COVID-19, society must adopt a new lifestyle characterized by a new order and adaptation of new habits (new normal). It is anticipated that the COVID-19 epidemic will terminate as soon as possible due to the need to adopt a cleaner and healthier lifestyle with discipline.

To reduce the transmission of covid-19 through the New Habit Adaptation policy, health promotion is required to provide transparent and sustainable health information related to covid-19. The most important thing is to use simple language so that ordinary people clearly understand it. Then it can be implemented in everyday life to help reduce the transmission of covid-19.

Together with the Covid-19 Education Team 4 Task Force under the auspices of the Dumai City Health Office and the supervision of the police and military, we conduct health protocol enforcement activities during the new normal period or adaptation of new habits by educating the public and pasting new normal posters in public places such as markets, malls, tourist attractions, and schools (Adi, 2020). The team's performance has

increased in light of many confirmed covid-19 cases in Dumai City. Four are required for community education. Under the direction of Mr. Julianda S. Kp.G, M.P.H. as the field coordinator, covid-19 members and volunteers have been scheduled to go down according to a planned timetable. This action elicits diverse responses from the population. Answers, techniques, and experiences obtained in the field vary according to location. The following is a list of education-related events that we do in various public locations:

a. In the Market

A market is where buyers and sellers gather, either directly or indirectly, to negotiate the purchase and sale of different consumer products. When using the minimum distance concept, one must consider the presence of huge groups and the movement of individuals—one meter in the marketplace. The implementation of COVID-19 preventive and control activities in the market necessitates the leadership of market managers and the participation of cross-sectors and authorities in enforcing market community discipline (Endang Dwi Ningsih, 2021).

Poster pasting, socialization, and education in the form of calls for community compliance to collectively execute government-recommended health measures in the new normal age comprise the execution of this activity, including wearing masks, keeping a safe distance, and washing hands with soap while running water. The supplied education is limited to three elements intended to be comprehended and implemented by the community. In the first week of implementation, the community's willingness to adopt health protocols remained unchanged. Moreover, the reaction from dealers and purchasers was positive; they were eager to hear what the team of officers had to teach. However, as time passed, market communities in several Dumai city areas started to react less favorably to our presence. When we appealed to them to comply with health guidelines, many of them, particularly the dealers, responded negatively. They believe that covid-19 is only a problem overblown for a certain group's gain (Prastiwi et al., 2020). Even the presence of tin education officials does not prevent them from earning a livelihood. Because earning a livelihood is more essential to them than protecting their souls. Of their own, However, some encourage and engage in temperature monitoring. In addition, many of them do not hesitate to express their worry throughout this covid-19 epidemic (Prastiwi et al., 2020).

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b. At the Mall

Implementing COVID-19 preventive and control measures in shopping centers/malls/stores necessitates the participation of cross-sectors and apparatus in regulating community discipline. Together with the police and military, the education team conducts appeals and face-to-face instruction to consumers and staff officers who do not comply with government-issued and shopping center/mall management-implemented health guidelines. Every day, the education team rotates with the police and military at the security post at Dumai City's two malls to verify that consumers and personnel continue to practice health measures. The watch schedule begins from 14:00 - 17:00 WIB, after being on duty in the morning market and continuing to stand guard at the afternoon security post at the two big malls in Dumai as planned (Kusuma & Nurcahayati, 2021).

In shopping centers/malls, public knowledge of health procedures is higher than in the market. This is further reinforced by the management's supply of amenities such as hand washing stations, distance limitations between customers, and the need for purchasers to wear masks and have the temperature checked by Mall security before entering. Despite the manager's regulations, based on observations, many customers still remove their masks or hang them about their necks. The greatest difficulty in instruction at the shopping center or mall comes with the personnel. Each team on duty must provide a reprimand or education because individuals often do not wear masks or maintain a safe distance among workers. They should set the standard for customer adherence to health procedures.

c. At Tourist Attractions

Tourism is one of the human requirements to sustain mental health, which has implications for the community's physical and spiritual health. Tourism activities may be conducted within or outside the building at natural, cultural, or artificial tourist destinations. Tourism contributes economically to the well-being of individuals. Under the terms of the COVID-19 pandemic, establishing tourist attractions must be governed by tight local government rules and health measures (Suprihatin, 2020).

During the educational activity of managing health protocols during the New Normal time, the education team and police unit visit roughly three beach tourist destinations in the city of Dumai. This restriction is enforced every Saturday and Sunday from 14:00 to 17:00 WIB due to the high number of people heading to the beach with their families after the tourist attraction was previously closed. When the squad arrived at the field, numerous

individuals were still not wearing masks and did not keep a safe distance between visitors. If this is not stressed, a new cluster of covid-19-positive patients might develop from tourist attractions because we cannot determine who is infected and who will spread the disease.

When interacting and teaching the neighborhood, the team had almost the same reaction as when they visited the market. Many others disregarded the request and just covered their nose and mouth with a headscarf or something like that. They stated they could not tolerate wearing masks constantly because it made their chests feel constricted. However, regardless of the rationale, masks must be deployed. Because this simple measure may help stop the transmission and spread of covid-19, particularly in the city of Dumai.

According to the above explanation, several experiences and lessons have been gained. Received while doing social work activities at SATGAS's Team 4 of the Covid-19 Education division under the supervision of the Dumai City Health Office. As officers or volunteers on the street, we are trained to comprehend the neighborhood. When on duty, we must be patient with the adverse reaction of the community. Moreover, the conduct of those who refuse to comply with health guidelines.

Several specialists have proposed hypotheses on behavior and health when seen from a health viewpoint. According to HL Blum's idea, four elements influence a person's health condition, one of which is behavior. A person will have a healthy life if their conduct is decent. For instance, individuals who wish to get used to practicing health procedures may enhance their health state.

Benyamin Bloom (1908) separates the process of behavior creation into three levels of behavioral domains: knowledge, attitude, and healthy behavior. Many individuals are unable or unwilling to execute health measures, as seen (Nurhayati, 2021). A knowledge component affects an individual's actions/attitudes/behavior when related to Benjamin's hypothesis. For instance, in the marketplace, persons with a low level of education dominate the roles of dealers and purchasers. Some individuals even dropped out of school or did not attend. Undoubtedly, their degree of knowledge comprehension still needs to improve (Siregar, 2020); (Nurhayati, 2021). Therefore, it is only normal that it is challenging to inform children about the hazards of covid-19 additionally.

In contrast, those who shop at malls most likely already use cellphones to conveniently access information, despite not all having a high level of education. In reality, after watching it, the concerns that arise have the greatest impact on the behavior and reaction of the community (Rumagit, 2020). Ultimately, this is what generates diverse

opinions throughout society. Perspectives are fundamental assumptions most closely associated with the social psychology method (Udmale et al., 2020). During this epidemic, for instance, many individuals are moaning about the deteriorating economy (Fahri et al., 2020);(Wiranti et al., 2020). Moreover, concerns that are not necessarily true increase their conviction that everything is a game. This, therefore, increases their urge to engage in outside activities. The ability to meet their financial requirements is more important to them than their health. It is not that they do not want to be healthy; rather, they lack confidence. Consequently, it is essential that we remind one another and set an example. According to the behavioral approach, our social conduct is best described by our immediately observable behavior and the environment that influences our behavior.

CONCLUSIONS

Observing the community's behavior in applying health protocols and their reaction to the education team's efforts throughout this social work activity may offer academics a comprehensive perspective. The supplied educational activities would be worthwhile with compliance and mutual support from the community. The transmission of the covid-19 virus may be stopped if the population is disciplined, follows government guidelines, and maintains its health. New Normal does not imply that life has returned to normal, but that new habits have been created and adopted as health regimens. Therefore, coexistence with covid-19 is no longer terrifying.

People must behave more prudently during this epidemic. Changing behavior is difficult, much alone making it a new lifestyle habit. It takes a long time to adjust, but if we are both willing to acquaint ourselves with complying with health regulations over the next year or two, it may become a new cultural norm in our society

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